

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000106976**

1. Entity Name

MORTGAGE C2 CORPORATION**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90091 014 ***150.00

651987

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401 | Mailing Address 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401 |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0979164 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****REGSERV CORP.
222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

8. The above Regserv Corp. is changing its registered office or registered agent, or both, in the State of Florida.SIGNATURE By:
Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

4/27/00
DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RENDINA, BRUCE A | |
| STREET ADDRESS | 222 LAKEVIEW AVE., 17TH FLOOR | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mark A. Ferrucci | |
| STREET ADDRESS | CT Corporation System | |
| CITY-ST-ZIP | 1209 Orange Street Wilmington, DE 19801 | |
| TITLE | VP/S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Patrick J. DiSalvo | |
| STREET ADDRESS | 222 Lake view Avenue, 17th Floor | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**SIGNATURE:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Patrick J. DiSalvo** **4/27/00 (561) 655-9008**
Vice President
Date Daytime Phone #

CR2E034 19/99